

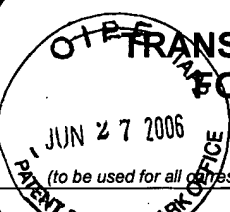
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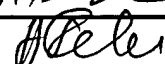
PTO/SB/21 (09-04)


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	Application Number	10/602506
	Filing Date	6/27/2006
	First Named Inventor	HAYABUSA, R.
	Art Unit	2632
	Examiner Name	LEE, BENJAMIN
	Attorney Docket Number	2002-123

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	CREDIT CARD Pmt.
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks EXPRESS MAIL E 256522697 US	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	FOOTHILL LAW GROUP		
Signature			
Printed name	ANTHONY DEZAS		
Date	JUNE 27, 2006	Reg. No.	49067

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	ANTHONY DEZAS	Date 6/27/2006

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I hereby certify that this correspondence re App. No.10/602506

- | | |
|---|-----------|
| 1. Response to Office Action dated 12/27/2006 | 43 sheets |
| 2. Transmittal Form | 1 sheet |
| 3. Credit Card Payment | 1 sheet |
| 4. Fee Transmittal | 1 sheet |
| 5. Certificate of Mailing | 1 sheet |
| 6. Express Mail Summary Sheet | 1 sheet |
| 7. Return Post Card | |

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On June 27, 2006

Anthony Delas, 49,067



Express Mail Summary Sheet

LABEL No. ED 256 522 697 US

App. No: 10/602506

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|---|-----------|
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| 7. Return Post Card | |

 JUN 27, 2006
Anthony Delas, 49067



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 570.00

Complete if Known

Application Number	<u>10/602 506</u>
Filing Date	<u>6/24/2003</u>
First Named Inventor	<u>HARABUSA, R.</u>
Examiner Name	<u>LEE, BENJAMIN</u>
Art Unit	<u>2632</u>
Attorney Docket No.	<u>2002-123</u>

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): LATE FEE 570.00

SUBMITTED BY		Registration No.	Telephone
Signature	<u>[Signature]</u>	<u>49067</u>	<u>408 293 0890</u>
Name (Print/Type)	<u>ANTHONY DERAS</u>	(Attorney/Agent)	Date <u>6/27/2006</u>

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